Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES	South Congress S	t., P. O. Box 136, Jackson, MS 3	39205-0136	
AGENCY NAME MS State Board of Funeral Service		CONTACT PERSON Dolores Kenney	TELEPHONE NUMBER 601.932.1973	
ADDRESS 3010 Lakeland Cove, Suite W		CITY Flowood	STATE MS	2IP 39232
EMAIL funeralboard@att.net	SUBMIT DATE 2/26/15	Name or number of rule(s): Compilation of the MS State Board of Funeral Service		
Short explanation of rule/amendment reporting requirements to the Board volumeral establishment, is required to respectific legal authority authorizing the List all rules repealed, amended, or such	vere divided into to eport his or her cha promulgation of r	wo (2) subsections (2.10 & 2.11 ange in address of principal planule: Section 73-11-49(7)) clarity. The licensee or a	8.592
ORAL PROCEEDING:				
An oral proceeding is scheduled for X Presently, an oral proceeding is not scheduled, an oral proceeding of proposed rule adoption and should incagent or attorney, the name, address, email addromment period, written submissions including ECONOMIC IMPACT STATEMENT: X Economic impact statement not remain the proceeding is not scheduled for the proceeding is not scheduled, an oral proceeding is not scheduled, and an oral proceeding is not scheduled, and an oral proceeding is not scheduled, and an oral proceeding is not schedu	ot scheduled on the occeding must be held hould be submitted to lude the name, address ress, and telephone nu arguments, data, and very this rule of the phone of	is rule. if a written request for an oral proceed the agency contact person at the above, seemail address, and telephone number of the party or parties you represiews on the proposed rule/amendmente. Concise summary of e	ding is submitted by a political stee address within twenty (20) dayer of the person(s) making the resent. At any time within the twent/repeal may be submitted to the conomic impact statement of the proposed Rule Filed Action taken:	ys after the filing of this quest; and, if you are an enty-five (25) day public the filing agency. Int attached. ON RULES: 11/14/2014
Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify): Printed name and Title of person at	Repe Adop Proposed fir 30 da Other	ndment to existing rule(s) al of existing rule(s) tion by reference nal effective date: nys after filing r (specify):	Adopted with no cl X Adopted with char (As noted above) Adopted by refered Withdrawn Repeal adopted as Effective date: 30 days after filing X Other (specify): Ap	nges nce proposed
Signature of person authorized to f	ile rules:	Olaren Kenny	T	
OFFICIAL FILING STAMP		F WRITE BELOW THIS LINE FICIAL FILING STAMP	OFFICIAL FILIN FEB 2 6 MISSISS SECRETARY	2015 SIPPI

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Accepted for filing by

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